

CRS REPORT REQUEST ORDER FORM

COMPLETED ORDER SHOULD BE MAILED TO	FOR FCA USE ONLY:	
CONTACT PERSON: _____	DATE RECEIVED.....	
NAME (INSTITUTION OR COMPANY): _____	DOLLAR AMOUNT.....	
ADDRESS: _____	DATE MAILED.....	
CITY: _____ STATE: _____ ZIP: _____	PROCESSED BY.....	
TELEPHONE NUMBER: _____ DATE ORDERED: _____		

Complete the appropriate columns indicating the CRS products desired. Please make checks payable to the Farm Credit Administration.

Send Order form and check to:

CRS Reporting Unit
Farm Credit Administration
1501 Farm Credit Drive
McLean, Virginia 22102

CRS REPORT NAME	CRS REPORT CODE
Individual Institution Call Report.....	ICR
Report of Operations.....	ROP
Uniform Performance Report.....	UPR
Uniform Peer Performance Report....	UPPR
All Institutions Call Report Disks.....	CRD

UNINUM ¹	Institution	CRS Report Code	Call Report Date	# of Copies Requested	Unit Cost	Total Cost
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$
					\$25.00	\$

CALL REPORT DISKS (All Institutions)				\$400.00	\$
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TOTAL COST OF YOUR ORDER (AMOUNT ENCLOSED)	\$
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FCA Accounting use only

¹ Only if the UNINUM is known.